Serial No.: Unknown

Examiner: Unknown

Filed:

October 10, 2003

Group Art Unit: Unknown

For:

APPARATUS AND METHOD FOR REMOVING GASSES FROM A LIQUID

Docket:

1001.1736101

TRANSMITTAL SHEET

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: <a href="EV 333854019 US">EV 333854019 US</a>, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 10th day of October 2003.

By Kathleen L. Bockley

Kathleen L. Bockley

We are transmitting herewith the attached Patent Application including the following:

| [XX] | FORTY-FIVE (45) Sheet(s) of Specification   |
|------|---|
| [XX] | SIXTY THREE (63) Claim(s)   |
| [XX] | ONE (1) sheet of Abstract   |
| [XX] | FOURTEEN (14) Sheet(s) of Formal Drawings   |
| [XX] | Unexecuted Declaration and Power of Attorney  |
| []   | Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed   |
| []   | An Assignment of the invention to, is being filed contemporaneous with this patent application                        |
| []   | A certified copy of a application, Serial No, filed, the right of priority of which is claimed under 35 U.S.C. § 119. |



| CLAIMS AS FILED      |           |         |              |       |        |       |  |  |
|----------------------|-----------|---------|--------------|-------|--------|-------|--|--|
|                      | (1)       | (2)     | Small Entity |       | Other  |       |  |  |
| For:                 | # Filed   | # Extra | Rate         | Fee   | Rate   | Fee   |  |  |
| Basic Fee            | 1         | 0       |              | \$385 |        | \$770 |  |  |
| Total Claims         | 63 - 20 = | 43      | X 9 =        | \$    | X 18 = | \$774 |  |  |
| Independent Claims   | 10 - 3 =  | 7       | X 43 =       | \$    | X 86 = | \$602 |  |  |
| ( ) Multiple Depende | + 145 =   | \$      | + 290 =      | \$0   |        |       |  |  |
| TOTAL                | \$        |         | \$2,146      |       |        |       |  |  |

<sup>\*</sup>If the difference in Column (1) is less than zero, enter "0" in column 2.

| []     | Other  |  |  |  |
|--------|--|--|--|--|
| []     | A check in the amount of \$ is enclosed.   |  |  |  |
| [ XX ] | Return Receipt Postcard (MPEP 503).  |  |  |  |
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